

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

RESTORATION AND REMEDIATION CONTRACTORS APPLICATION

Instructions:

1. All questions must be answered
2. If space is insufficient, attach additional sheets of paper
3. Application must be signed and dated by owner, operator
4. The following items should be in complete submission
 - a. Application
 - b. Loss run including pollution
 - c. Resumes of key personnel including qualifications of all staff

Part II:

Commercial General Liability

On an "occurrence" form providing protection for your business against liabilities that arise from your daily operations, products you sell or the services you render. This form has the standard exclusions including pollution liability, professional liability, fungi and fungal derivatives and asbestos.

Part III:

Environmental Remediation Liability Policy

Providing coverage for your company on a "claims made" basis for negligent acts involving mould, lead & asbestos as excluded under your Commercial General Liability coverage.

THE ABOVE IS GENERAL INFORMATION ONLY. POLICY CONDITIONS APPLY IN ALL INSTANCES.

Part I: General Information

1. Name of Insured _____
2. Address (head office) _____
 City _____ Prov. _____ Postal Code _____
3. Partnership Corporation Joint Venture Sole Proprietor Number of years in business? _____
 Staffing: Total number of staff including part time: _____
 Break out personnel: Principals _____ Field Personnel _____ Part time _____
 Supervisors/Foreman _____ Clerical/technical _____ Engineers _____
4. Contact name and title _____
5. Phone _____ Fax _____ Email _____
6. Address for any other locations of branch offices or subsidiaries.

7) Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is renewal being offered? Yes No If no, explain: _____



Part II: Commercial General Liability

Work Done		Est. Gross Receipts	Sublet Costs	Work Done		Est. Gross Receipts	Sublet Costs
a.	Janitorial (general clean-up)			g.	Flooring/Acoustic Tiling		
b.	Rug Cleaning			h.	Waterproofing/Sealing		
c.	Wall Washing			i.	Residential Building & Alterations		
d.	Rewiring			j.	Commercial Building & Alterations		
e.	Plastering/drywall			k.	Dry Cleaning		
f.	Painting/Wallpapering			l.	Drying/Dehumidification		
m.	Other:			n.	Other:		

Estimated Total Receipts _____ Total Sublet Costs _____

- Sub-consultants/Sub-contractors: Do you subcontract a part of your operations? Yes No
 - If yes, do you obtain certificates of insurance form your subcontracts? Yes No
 - If yes, do you require the subcontractor's policies to add you as an additional insured? Yes No
 - What are the minimum limits of liability you require of your subcontractors?
General Liability \$ _____
- Loss History - Commercial General Liability - Losses in last 3 years None As Follows

Part III: Environmental Remediation Liability

- Is your firm involved in the remediation/removal of:

	Annual Gross Receipts	Annual Cost of Sublet
a. Mould <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
b. Lead <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
c. Asbestos <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
d. Oil Spill Clean-Up <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
- Is any work carried on outside Canada? Yes No
- Is an independent Environmental Engineer or Industrial Hygienist hired and in control of the job immediately upon discovery of the presence of mould, lead or asbestos? Yes No
- Are all operations carried on in conformity with the specific provincial regulations enacted in the province where work is being done? Yes No
- Sub-consultants/Sub-contractors: Do you subcontract a part of your operations? Yes No
 - If yes, do you obtain certificates of insurance form your subcontracts? Yes No
 - If yes, do you require the subcontractor's policies to add you as an additional insured? Yes No
 - What are the minimum limits of liability you require of your subcontractors?
Environmental Liability \$ _____



6. Claims History:

Any claims made involving mould, asbestos or lead?

Yes No

Are you aware of any fact, circumstance or situation which could have resulted in a claim being made? Yes No

7. Mould Remediation Operations.

Are all conditions that caused the mould always corrected before you begin actual remediation work? Yes No

8. Procedures or protocol followed in the handling of:

a. Mould Yes No

b. Asbestos Yes No

c. Lead Yes No

9. Final Clearance On Site

Clearance criteria established before remediation begins?

Yes No

Final clearance agreed to by monitoring Hygienist /Engineer?

Yes No

Note: This is an application only and does not constitute any insurance coverage. Please note that if and when binding is ordered an inspection will be done. It is understood and agreed that any recommendations made will be complied with an acceptable time will be given and a temporary change in terms and conditions could be applied.

Applicant's Signature

Position

Print Name

Date



BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Did you receive the order direct from the Applicant? Yes No

If no, how long have you known the applicant? _____ Is the operation financially sound? Yes No

Do you handle other insurance for the Applicant? Yes No Do you recommend this applicant in every respect? Yes No

Please provide any additional information pertinent to the underwriting or acceptance of this risk which has not been requested in the application above.

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE